



City of San José

Department of Planning, Building and Code Enforcement
Code Enforcement Division
Tobacco Retail License Application
(408) 535-7770

Check the appropriate **Business Status** and ensure **all required documentation is attached to this application.**
Applications received without the required documentation will be considered incomplete.

☐ Individual Business Application Requirements

Owners Complete Legal Name (Last/First/M.I.) _____

Any and all Aliases _____ Permit # (Listed on Invoice) _____

Legal Business Name _____ Business Phone _____

Business Address _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable) Residence Phone _____

Prior Residence Address (if not at current address for three or more Years) _____

Date of Birth _____ Drivers License No _____ Issuing State _____

Person Authorized to Accept Service of Process on Behalf of the Business (If different from Applicant):

Name: _____ Phone No _____

Address _____

Has any previous City or State Permit been denied, suspended or revoked? ☐ Yes ☐ No

If so, provide the reasons and business activities _____

Individual Application Attachment Check List: (ALL items listed below must be returned.)

☐ Copy of Valid Government Issued Photo Identification Card or Valid Drivers License

☐ Copy of all Valid City, State and Federal Business Permits and Licenses

☐ Copy of Lease or Contract

☐ Payment to the City of San Jose TRL Program, in the amount of \$ 437.00 mailed with Invoice in the **BLUE** payment envelope **Note:** Application and Payment are submitted in two separate envelopes.

I authorize the City of San Jose to investigate and validate the statements set forth in this application

Sign and date ALL of the boxes below.

(Signature of Applicant) Date

Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia

(Signature of Applicant) Date

I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license

(Signature of Applicant) Date

I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

(Signature of Applicant) Date

☐ **Partnership Business Application Requirements – CSJ TRL**

(Check the Applicable Partnership Type) ☐ General ☐ Limited Partnership

Complete Legal Partnership Name _____ Permit # (Listed on Invoice) _____

Legal Business Name _____ Business Phone _____

Business Address _____

Person Authorized to Accept Service of Process on Behalf of the Business (If different from Applicant):

Name: _____ Phone No _____

Address _____

List of Partners (Any Person having an ownership interest in the business of more than 10%. If more than three, attach additional sheets) :

Partner 1 - Full Legal Name (Last/First/M.I) _____

Date of Birth _____ Drivers License No _____ Issuing State _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Partner 2 - Full Legal Name (Last/First/M.I) _____

Date of Birth _____ Drivers License No _____ Issuing State _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Partner 3 - Full Legal Name (Last/First/M.I) _____

Date of Birth _____ Drivers License No _____ Issuing State _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Has any previous City or State Permit been denied, suspended or revoked? ☐ Yes ☐ No

If so, provide the reasons and business activities _____

Partnership Application Attachment Check List: (ALL items listed below must be returned.)

☐ Copy of Valid Government Issued Photo Identification Card or Valid Drivers License for each Partner including limited Partners having an ownership interest in the business of more than 10%?

☐ Copy of Partnership Agreement (if any)

☐ If more than three Partners, did you attach additional sheets showing required Partner information?

☐ Copy of all Valid City, State and Federal Business Permits and Licenses

☐ Copy of Lease or Contract

☐ Payment to the City of San Jose TRL Program, in the amount of \$ 437.00 mailed with Invoice in the **BLUE** payment envelope **Note:** Application and Payment are submitted in two separate envelopes.

I authorize the City of San Jose to investigate and validate the statements set forth in this application

Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia

I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license

I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

Sign and date ALL of the boxes below.

(Signature of Partner 1)

Date

(Signature of Partner 2)

Date

(Signature of Partner 3)

Date

If more than three partners, attach additional sheets

☐ **Corporation Business Application Requirements- CSJ TRL**

(Check the Applicable Corporation Type) ☐ Closely Held ☐ Corporation other than Closely Held

Complete Corporate Name _____ Permit # (Listed on Invoice) _____
(As set forth in the Articles of Incorporation)

Legal Business Name _____ Business Phone _____

Business Address _____

Name of the Registered Corporate Agent for Service of Process:

Name: _____ Phone No _____

Address _____

List of Names and Capacity of all Officers, Directors and Principal Owners (If more than three spaces are needed, attach additional sheets with the required information or attach Articles of Incorporation) :

Indicate ☐ Stockholder ☐ Officer ☐ Director

Full Legal Name (Last/First/M.I) _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Indicate ☐ Stockholder ☐ Officer ☐ Director

Full Legal Name (Last/First/M.I) _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Indicate ☐ Stockholder ☐ Officer ☐ Director

Full Legal Name (Last/First/M.I) _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Has any previous City or State Permit been denied, suspended or revoked? ☐ Yes ☐ No

If so, provide the reasons and business activities _____

Corporation Application Attachment Check List: (ALL items listed below must be returned.)

☐ Copy of Valid Government Issued Photo Identification Card or Valid Drivers License for each Partner including limited Partners having an ownership interest in the business of more than 10%

☐ Copy of Articles of Incorporation

☐ If more than three Partners, did you attach additional sheets showing required Partner information?

☐ Copy of all Valid City, State and Federal Business Permits and Licenses

☐ Copy of Lease or Contract

☐ Evidence of good standing with State of California (If not a Closely Held Corporation)

☐ Payment to the City of San Jose TRL Program, in the amount of \$ 437.00 mailed with Invoice in the **BLUE** payment envelope **Note:** Application and Payment are submitted in two separate envelopes.

Sign and Date the Following:

I authorize the City of San Jose to investigate and validate the statements set forth in this application

Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia

I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license

I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

Following must be signed as indicated:

(Signature of Chairperson of Board,
President or Vice President)

Date

(Signature of Secretary of Board,
Assistant Secretary, CFO or Assistant
Treasurer)

Date

☐ **Limited Liability Company Application Requirements- CSJ TRL**

(Check the Applicable Company Type) ☐ Member Managed ☐ Managed by Manger

Complete Legal Company Name _____
(As set forth in the Articles of Organization) Permit # (Listed on Invoice) _____

Name of the Registered Corporate Agent for Service of Process:

Name: _____ Phone No _____

Address _____

List of Names of all Managers and Members (If more than three spaces are needed, attach additional sheets with the required information or attach Articles of Organization) :

Indicate ☐ Manager ☐ Member

Full Legal Name (Last/First/M.I) _____
Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Indicate ☐ Manager ☐ Member

Full Legal Name (Last/First/M.I) _____
Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Indicate ☐ Manager ☐ Member

Full Legal Name (Last/First/M.I) _____
Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Has any previous City or State Permit been denied, suspended or revoked? ☐ Yes ☐ No

If so, provide the reasons and business activities _____

Limited Liability Complanly Application Attachment Check List: (ALL items listed below must be returned.)

- ☐ Copy of Valid Government Issued Photo Identification Card or Valid Drivers License for each Member or Manager
- ☐ Copy of Articles of Organization
- ☐ If more than three Partners, did you attach additional sheets showing required Partner information?
- ☐ Copy of all Valid City, State and Federal Business Permits and Licenses
- ☐ Copy of Lease or Contract
- ☐ Evidence of good standing with State of California (If not a Closely Held Corporation)
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I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license

I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

Following must be signed by each member or by an Officer Authorized by the Articles of Organization or the Operating Agreement to bind the Company:

Authorized Signature(s) Date

Authorized Signature(s) Date

Authorized Signature(s) Date

Authorized Signature(s) Date